

Case Number:	CM15-0148918		
Date Assigned:	08/12/2015	Date of Injury:	12/20/2014
Decision Date:	09/14/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/31/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 54-year-old man sustained an industrial injury on 12-20-2014. The mechanism of injury is not detailed. Evaluations include an undated lumbar spine MRI. Diagnoses include lumbar spine sprain-strain. Treatment has included oral medications. Physician notes on a PR-2 dated 4-6-2015 show complaints of low back pain. Recommendations include physical therapy and follow up in three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical Therapy, Lumbar spine, 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: The patient was injured on 12/20/14 and presents with low back pain. The request is for 6 sessions of physical therapy for the lumbar spine. There is no RFA provided and the patient is not working. The 05/13/15 report states that the patient "has had 7 PT sessions in

total." The utilization review denial letter states that the patient has had 18 prior sessions of physical therapy. MTUS Guidelines, Physical Medicine, pages 98 and 99 have the following: Physical medicine: Recommended as an indicated below. Allow for fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. The patient is diagnosed with lumbar spine sprain-strain. The patient has already had 18 sessions of physical therapy. An additional 6 sessions of therapy exceeds what is allowed by MTUS Guidelines. Furthermore, there is no numerical assessment to indicate how prior physical therapy sessions impacted the patient's pain and function. There is no discussion regarding why the patient is unable to establish a home exercise program to manage his pain. There is no indication of any flare up the patient may have to allow for additional therapy. Therefore, the request is not medically necessary.